

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

NO. OF TOWNSHIPS	
DISTRICT NO.	
SANTA FE	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
~~Mexican XXXXXX~~ SOUTHLAND ROYALTY CO.
Address
21 Desta Drive, Midland, Texas 79705
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Costinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Smith "5"	Well No. 2	Pool Name, including Formation Scharb (Bone Spring)	Kind of Lease State, Federal or Fee Fee	Lease To
Location Unit Letter 0 ; 660 Feet From The South Line and 1980 Feet From The East Line of Section 5 Township 19S Range 35E , NMPM, Lea Coun				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Enron Oil Trading & Transportation Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 10607, Midland, Texas 79702
Name of Authorized Transporter of Costinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Okla. 74102
If well produces oil or liquids, give location of tanks. Unit : P Sec. : 5 Twp. : 19S Rge. : 35E	Is gas actually connected? When Yes 5-9-84

I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Barbara Carter Valencia
(Signature)
Production Assistant
11-8-88
(Date)

OIL CONSERVATION DIVISION
NOV 14 1988
APPROVED _____, 19____
BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 11.1.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 11.1.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.

RECEIVED

NOV 10 1988

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HOBBS OFFICE